MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10126 **CERTIFICATE OF DEATH** 10131

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 12 hrs 6 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton 05X-2
STREET ADDRESS (If rural give location) 109 Church Street

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) Louise (Last) Adams

4. DATE OF DEATH: (Month) 10 (Day) 28 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: February 14-1955

9. AGE last birthday 8 ~~months~~ yrs. IF UNDER 1 YEAR Months 8 Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Lewis Henry Adams

14. MOTHER'S MAIDEN NAME: Lillian Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Adrenal Insufficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO (B) Intra-adrenal Hemorrhage

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Septicemia

053.4

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12:35 AM, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Denton DATE SIGNED 28 Oct 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. 29 1955 — NAME OF CEMETERY OR CREMATORY Spring Hill — LOCATION (City, town, or county) (State) Denton, Md.

DATE REC'D BY LOCAL REGISTRAR 10.28.55 — REGISTRAR'S SIGNATURE N.H. Nevins

24. FUNERAL DIRECTOR J. Virgil Hoover — ADDRESS Denton

20025172405

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10127

CERTIFICATE OF DEATH

10132

Reg. Dist. No. 2 10.....

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 6 hrs 16 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henderson 05x-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) KLARA (Middle) (Last) Borzsey

4. DATE OF DEATH: (Month) 10 (Day) 31 (Year) 1955

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow
8. DATE OF BIRTH: Aug 10 1888
9. AGE last birthday 67 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Europe
12. CITIZEN OF WHAT COUNTRY? Europe

13. FATHER'S NAME: ? Unknown
14. MOTHER'S MAIDEN NAME: ? Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Helen Thornton (Daughter) Henderson, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4221 IMMEDIATE CAUSE	(A) Bronchopneumonia	2 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Cardiac failure due to	2 wks
	DUE TO (C) HBP	(?)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Old left hem. Plegia	4 1/2 yrs.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 Oct, 1955, to ....., 19....., that I last saw the deceased alive on 31 Oct, 1955, and that death occurred at 6 15/A M, from the causes and on the date stated above.

SIGNATURE Thomas Damiano M.D. ADDRESS Easton Maryland DATE SIGNED 31 Oct 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov. 2 nd
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) (State) Greensboro Md.

DATE REC'D BY LOCAL REGISTRAR 11-1-55
REGISTRAR'S SIGNATURE N. H. Merrick
24. FUNERAL DIRECTOR Raymond B. Rawlings ADDRESS

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10148

CERTIFICATE OF DEATH

10133

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels
STREET ADDRESS (If rural give location) Chestnut Street

3. NAME OF DECEASED: (Type or Print) (First) Sadie (Middle) Bridges (Last) Burns

4. DATE OF DEATH: (Month) Oct. (Day) 6 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Sept. 28, 1882
9. AGE last birthday 73 yrs.
IF UNDER 1 YEAR: Months ... Days ...
IF UNDER 24 HRS.: Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bozman, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Francis Bridges
14. MOTHER'S MAIDEN NAME: Deborah Earle Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ... (If Yes, give war or dates of service) ...
16. SOCIAL SECURITY NO. ...
17. INFORMANT & ADDRESS: Mrs. Virginia A. Meyle, Jr. 12 Beechdale Rd, Balto, 10, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

IMMEDIATE CAUSE (A) DUE TO Carcinoma of Cervix Uteri — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: ...
19B. MAJOR FINDINGS OF OPERATION ...
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 19 55, to Oct., 19 55, that I last saw the deceased alive on Oct., 19 55, and that death occurred at 3:15 P M, from the causes and on the date stated above.

SIGNATURE Rev. Carroll M.D. ADDRESS St. Michaels, Md. DATE SIGNED 8 Oct 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct 10, 1955
NAME OF CEMETERY OR CREMATORY Olivet Cemetery
LOCATION (City, town, or county) (State) St. Michaels Md

DATE REC'D BY LOCAL REGISTRAR Oct 10-55
REGISTRAR'S SIGNATURE Mrs Robt R. Leet
24. FUNERAL DIRECTOR L. Hamilton Harrison
ADDRESS St. Michaels, Md.

10134

STATE DEPARTMETT OF HEALTH

MARYLAND

10149

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X St. Michaels
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location) Water Street /

3. NAME OF DECEASED (Type or Print): (First) Alvin (Middle) Ringgold (Last) Caulk

4. DATE OF DEATH: (Month) 10 (Day) 31 (Year) 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/15/1892

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster Packer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): St. Michaels, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Caulk

14. MOTHER'S MAIDEN NAME: Anna Larrimore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Clara Caulk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinomatosis — Interval Between Onset and Death: 6 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Adenocarcinoma large bowel — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1953

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of large bowel

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Oct., 1955, to 31 Oct., 1955, that I last saw the deceased alive on 30 Oct., 1955, and that death occurred at 7:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D. Frank Wroth M.D. St Michaels Md 31 Oct 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 11/2/55

NAME OF CEMETERY OR CREMATORY: Olivet

LOCATION (City, town, or county) (State): St. Michaels, Md.

DATE REC'D BY LOCAL REG. Nov 1, 55

REGISTRAR'S SIGNATURE Mrs Robert L. Leeth

24. FUNERAL DIRECTOR: NORMAN D. MARSHALL, ST. MICHAELS, MD. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11235

Item #8 - See Birth Cert. 10128

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 39½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton Md.
STREET ADDRESS (If rural give location) Doncaster

3. NAME OF DECEASED: (Type or Print) (First) Winston (Middle) L. (Last) Copper

4. DATE OF DEATH: (Month) October (Day) 17 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: August 29, 1955 September 3, 1955 AGE last birthday — yrs. IF UNDER 1 YEAR Months 1 Days 14 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Charles Edward Copper

14. MOTHER'S MAIDEN NAME: Gloria McDaniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Charles Edward Copper

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

772.0 IMMEDIATE CAUSE (A) Cachexia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Malnutrition DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1955, to 10/17, 1955, that I last saw the deceased alive on 10/17, 19—, and that death occurred at 4:15 P.M. from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Easton DATE SIGNED 20 Nov. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 11/20/55 NAME OF CEMETERY OR CREMATORY Kirkhaven LOCATION (City, town, or county) (State) Easton, Md. R.F.D.

DATE REC'D BY LOCAL REGISTRAR 11/19/55 REGISTRAR'S SIGNATURE T. H. Meeres

24. FUNERAL DIRECTOR James B Penfield ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

2080192403

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10135

10129

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 1 hr 30 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgely
STREET ADDRESS (If rural give location) 05X-2

3. NAME OF DECEASED: (Type or Print) (First) Wilson (Middle) (Last) Davis

4. DATE OF DEATH: (Month) 10 (Day) 11 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 27, 1910	45 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Davis
14. MOTHER'S MAIDEN NAME: Marie Perrinot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 1
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Elizabeth M. Davis (wife) Ridgely Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Myocardial infarction due athero.	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) sclerotic coronary thrombosis	20 hrs.
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Essential hypertension	6 mos.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 1955, to 10/14, 1955, that I last saw the deceased alive on 11 Oct, 1955, and that death occurred at 10 35 A M, from the causes and on the date stated above.

SIGNATURE Hunter Harrison M. D. ADDRESS Easton, Maryland DATE SIGNED 12 Oct 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Oct. 15, 1955 NAME OF CEMETERY OR CREMATORY Westminster LOCATION (City, town, or county) (State) Phila. Pa.

DATE REC'D BY LOCAL REGISTRAR 10/12/55 REGISTRAR'S SIGNATURE N. H. Norris
24. FUNERAL DIRECTOR J. Lloyd Moore ADDRESS Box Denton

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11239

10130

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton. 40
LENGTH OF STAY (in this place) 7 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 80

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne's.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Queen Anne 17X-2
STREET ADDRESS (If rural give location) 0

3. NAME OF DECEASED: (First) Mary (Middle) L. (Last) Dudley.

4. DATE OF DEATH: (Month) 10 (Day) 22 (Year) 1955

5. SEX: Female. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married. 8. DATE OF BIRTH: May 8, 1891 9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Embrose Lucas 14. MOTHER'S MAIDEN NAME: Effie Moris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Mr. Hiram Dudley husband

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1944 IMMEDIATE CAUSE (A) Pulmonary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Adeno Carcinoma uterus — 11 months

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 21, 1955, to Oct. 22, 1955, that I last saw the deceased alive on Oct. 22, 1955, and that death occurred at 3:25 AM, from the causes and on the date stated above.

SIGNATURE M. V. Palmer M. D. ADDRESS Easton, Md DATE SIGNED Nov 3, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 10-25-55 NAME OF CEMETERY OR CREMATORY Greensboro LOCATION (City, town, or county) Greensboro (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-23-55 REGISTRAR'S SIGNATURE M. A. Nevins 24. FUNERAL DIRECTOR ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10136

10150 **CERTIFICATE OF DEATH** Reg. Dist. No. 291

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tilghman Md
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chance Md
STREET ADDRESS (If rural give location) Main Road.

3. NAME OF DECEASED (Type or Print) (First) RAYMOND (Middle) McCLELLAND (Last) FRANCE JR
4. DATE OF DEATH (Month) Oct (Day) 13 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: Jan 9-1912
9. AGE last birthday 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster Buyer.
10B. KIND OF BUSINESS OR INDUSTRY: Seafood.
11. BIRTHPLACE (State or foreign country): Chance Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: RAYMOND M. FRANCE
14. MOTHER'S MAIDEN NAME: MAY E. SHORES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no.
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Edith France - Chance Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) Coronary occlusion	5 mits
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) History of angina	2 years
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from N, 19...., to N, 19...., that I last saw the deceased alive on N, 1955, and that death occurred at 6:30 A M, from the causes and on the date stated above. Dead on my arrival

SIGNATURE [illegible] M.D. ADDRESS Tilghman Md DATE SIGNED 10/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct-16-1955
NAME OF CEMETERY OR CREMATORY Chance M.E. Cemetery
LOCATION (City, town, or county) Chance (State) Md

DATE REC'D BY LOCAL REGISTRAR Oct 16, 55
REGISTRAR'S SIGNATURE Mrs Robt [illegible]
24. FUNERAL DIRECTOR [illegible]
ADDRESS Deal Island Md

VS. A15 — 10 — 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10137

10131

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 31 yrs 20 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville
STREET ADDRESS (If rural give location) 17X-2

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) (Last) Gardner

4. DATE OF DEATH: (Month) October (Day) 18 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: June 17, 1916

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Arthur Gardner

14. MOTHER'S MAIDEN NAME: Hattie Mercer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Bertha Mercer (Aunt) Centreville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

540.1

IMMEDIATE CAUSE (A) Peritonitis

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Perforated peptic ulcer of stomach

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/17/55, to 10/18, 1955, that I last saw the deceased alive on 10/18, 1955, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton DATE SIGNED 10 October 19 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10/20/55

NAME OF CEMETERY OR CREMATORY Chesterfield

LOCATION (City, town, or county) (State) Centreville, Md.

DATE REC'D BY LOCAL REGISTRAR 10-19-55

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS James B. Dorsett, Easton, Md.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10138

CERTIFICATE OF DEATH

10151

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Offord
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, Md.
STREET ADDRESS (If rural give location) 200 S. Aurora St. 40

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Woodhouse (Last) Hubbard

4. DATE OF DEATH (Month) Oct (Day) 12 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: Aug. 15, 1873 | 9. AGE last birthday: 82 yrs. | IF UNDER 1 YEAR: Months 1 Days 27 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Offord, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alexander H. Stewart
14. MOTHER'S MAIDEN NAME: Mary Jane White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Margaret Stewart, Easton, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X IMMEDIATE CAUSE	(A) Cerebral Vascular Accident	10 days
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Generalized Arteriosclerosis	years
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Congestive Heart Failure	years.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19.54, to Oct 12, 1955, that I last saw the deceased alive on Oct. 12, 1955, and that death occurred at 8:05 P M, from the causes and on the date stated above.

SIGNATURE Arnold F. Bartley. M.D. ADDRESS 9 N. Hanson St. Easton, Md. DATE SIGNED 10-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct. 15. 1955 | NAME OF CEMETERY OR CREMATORY Riverview Cemetery | LOCATION (City, town, or county) (State) Wilmington, Del.

DATE REC'D BY LOCAL REGISTRAR 10/13/55 | REGISTRAR'S SIGNATURE M.A. Reeves | 24. FUNERAL DIRECTOR ADDRESS John D. Williams, Easton, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10139

10132

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural give location) MEMORIAL Hosp. TAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON
STREET ADDRESS (If rural give location) 104 W. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) VIRGINIA (Last) JAMES

4. DATE OF DEATH: (Month) 10 (Day) 12 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Oct. 24. 1880

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES FRAMPTON

14. MOTHER'S MAIDEN NAME: Hallie BARTLETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr Harry F. Flaherty Nephew Easton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 260X (A) Diabetes mellitus

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Coronary occlusion DUE TO

(C) Advanced arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to 10/12, 1955, that I last saw the deceased alive on 10/28, 1955, and that death occurred at 10 P.M, from the causes and on the date stated above.

SIGNATURE Elsie Schmidt M. D. ADDRESS Easton DATE SIGNED 10/13/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct. 17-55 | NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery | LOCATION (City, town, or county) Easton Md (State)

DATE REC'D BY LOCAL REGISTRAR 10-13-55 | REGISTRAR'S SIGNATURE M. H. Meredith | 24. FUNERAL DIRECTOR Edward D. Williams | ADDRESS Easton Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10140

10133

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

COUNTY Talbot — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton

LENGTH OF STAY (in this place) 2 yr.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 324 South St

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Delaware COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wilmington 20X-1

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) H. (Last) Jenkins

4. DATE OF DEATH (Month) 10 (Day) 28 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Col	Widowed	4/13/76	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Dept Store	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EDWARD JENKINS	RACHAEL COOPER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—	—	221-07-1732A	Stella Ockimey, Easton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

431 IMMEDIATE CAUSE (A) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSE(S) DUE TO (B) Hypertension — 6 mo.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 27, 1955, to Oct. 28, 1955, that I last saw the deceased alive on Oct. 27, 1955, and that death occurred at 3 A.M, from the causes and on the date stated above.

SIGNATURE Howard T. Nill M.D. **ADDRESS** (Street, city, town, state) 633 Dover St Easton, Md. **DATE SIGNED** 10/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/31/55	Richards	Easton, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
10/29/55	N. L. Meares	James B. Dashiell	Easton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10141

10134

CERTIFICATE OF DEATH

Reg. Dist. No. 29D

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

10052 63280

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, Md.
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg Md. 05X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Baby Girl (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) 10 (Day) 18 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 12, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 0 Days 6 days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Gordon

14. MOTHER'S MAIDEN NAME: Martha Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Same as above (mother)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 772.0 (A) Cachexia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Malnutrition DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 10/12, 1955, to 10/18, 1955, that I last saw the deceased alive on 10/18, 1955, and that death occurred at 2 p. M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton DATE SIGNED 10/20/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10-20-55

NAME OF CEMETERY OR CREMATORY Federal Hill

LOCATION (City, town, or county) (State) Federalsburg Md

DATE REC'D BY LOCAL REGISTRAR 10-19-55

REGISTRAR'S SIGNATURE M. H. Nevins

24. FUNERAL DIRECTOR J. J. Frampton Son

ADDRESS Federalsburg md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10143

10152 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bozman
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bozman
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) P. (Middle) Edwin (Last) McQuay

4. DATE OF DEATH: (Month) Oct (Day) 7 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MAR 27-1886

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATERMAN

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BOZMAN MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert H McQuay

14. MOTHER'S MAIDEN NAME: Josephine James

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs George Jackson Sr. Watson Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) arteriosclerotic cardiovascular — -

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic cardiac failure

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1955, to 10-7, 1955, that I last saw the deceased alive on 10-7, 1955 and that death occurred at 6 00 PM, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS St Michaels Md DATE SIGNED 10-9-55

M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct 11, 1955 — NAME OF CEMETERY OR CREMATORY Family Plot — LOCATION (City, town, or county) (State) Bozman, Md

DATE REC'D BY LOCAL REGISTRAR Oct 10-5-2 — REGISTRAR'S SIGNATURE Mrs Robt L. Dell

24. FUNERAL DIRECTOR S Hamblin Harrison ADDRESS St Michaels Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10135

CERTIFICATE OF DEATH

Reg. Dist. No. 10144 290

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville Md. R.F.D. 2
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) George (Last) Merrick

4. DATE OF DEATH: (Month) (Day) (Year) 10 - 23 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: March 17 1861
9. AGE last birthday 94 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph George
14. MOTHER'S MAIDEN NAME: Martha Neal
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Frank Brower (Daughter)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

585X IMMEDIATE CAUSE (A) Multiple Pulmonary emboli — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cholecystitis DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Heart Disease

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5:35 A.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton DATE SIGNED 24 Oct 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10-25-55
NAME OF CEMETERY OR CREMATORY Sudlersville
LOCATION (City, town, or county) (State) Sudlersville Md.

DATE REC'D BY LOCAL REGISTRAR 10-24-55
REGISTRAR'S SIGNATURE M. N. Nevins
24. FUNERAL DIRECTOR ADDRESS Barton Bros. Centreville, Maryland

VS. A15 — 10 - 53

10145

10136

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY TALBOT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton.
LENGTH OF STAY (in this place) 25 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton.
STREET ADDRESS (If rural give location) Glenwood Ave.

3. NAME OF DECEASED: (Type or Print) (First) ARVIE (Middle) W. (Last) MOORE.

4. DATE OF DEATH: (Month) Oct. (Day) 10 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED
8. DATE OF BIRTH: NOV. 7, 1900
9. AGE last birthday 54 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER-SALESMAN.
10B. KIND OF BUSINESS OR INDUSTRY: Texaco.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George W. MOORE
14. MOTHER'S MAIDEN NAME: FLORA V. SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. 213-01-8278
17. INFORMANT & ADDRESS: Mrs. Arvie Moore. Easton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH Immed.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..... , to ..... , 19 ..... , that I last saw the deceased alive on ..... , 19..... , and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE Louis Watty M.D. ADDRESS Easton Md DATE SIGNED 10-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 10-13-55.
NAME OF CEMETERY OR CREMATORY East New Market Cemetery
LOCATION (City, town, or county) (State) East New Market Md.

DATE REC'D BY LOCAL REGISTRAR 10/11/55
REGISTRAR'S SIGNATURE N. A. Meares
24. FUNERAL DIRECTOR Meredith & Meredith Inc. ADDRESS Easton Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10146

10137

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, Md. 40
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital Easton, Md. 80

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Claiborne X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Kathryn (Middle) (Last) Porter

4. DATE OF DEATH: (Month) 10 (Day) 21 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 15, 1893

9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas C. Price

14. MOTHER'S MAIDEN NAME: Sarah K. Todd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

15. SOCIAL SECURITY NO.

16. (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Mr. Victor Porter (Husband) Claiborne, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) adenocarcinoma generalized Metastatic — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) adenocarcinoma colon — —

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1952 to 10-21, 1955, that I last saw the deceased alive on 10-21, 1955, and that death occurred at 12 50 P.M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS St Michaels md. DATE SIGNED 10-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 10-24-1955 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-23-55 REGISTRAR'S SIGNATURE N. H. Nelms

24. FUNERAL DIRECTOR J. Hamilton Harrison ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

10147

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10138

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 24 hrs 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, Md.
STREET ADDRESS (If rural give location) 414 - August St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) G. (Last) Rittenhouse

4. DATE OF DEATH: (Month) October (Day) 7 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~. (Specify):

8. DATE OF BIRTH: April 1, 1905

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Sec Plant

11. BIRTHPLACE (State or foreign country): md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Mr. Frank Rittenhouse

14. MOTHER'S MAIDEN NAME: Addie P. Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Grace Rittenhouse (wife) Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Sub-dural hematoma. INTERVAL BETWEEN ONSET AND DEATH 3 weeks?

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1955, to Oct. 7, 1955, that I last saw the deceased alive on Oct. 7, 1955, and that death occurred at 5:30 P.M, from the causes and on the date stated above.

SIGNATURE Donald H. Bartley M. D. ADDRESS 9 N. Hanson St. Easton, Md. DATE SIGNED 10-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 10/10/55 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REGISTRAR 10/8/55 REGISTRAR'S SIGNATURE M.H. Nevitt

24. FUNERAL DIRECTOR Maurice E. Kennemer ADDRESS Easton, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10148

10139 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, Md. 40
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital, Easton, Md 80

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
STREET ADDRESS (If rural give location) 117 Court St. 1

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) (Last) Roberts

4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: April 26, 1907

9. AGE last birthday 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Roberts

14. MOTHER'S MAIDEN NAME: Catherine Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 1

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: William Roberts Easton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X IMMEDIATE CAUSE (A) Chronic Glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH: Months 5

ANTECEDENT CAUSE (S) (B) DUE TO Hypertensive Cardiovascular Dis. Months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office hldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended ~~the~~ deceased from 9/24, 1955 to 10/4, 1955, that I last saw the deceased alive on 10/4, 1955, and that death occurred at 9 47 a M, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS M. D. Easton DATE SIGNED 10/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10/7/55 — NAME OF CEMETERY OR CREMATORY Williamsburg — LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 10/5/55 — REGISTRAR'S SIGNATURE M.N. Reeves — 24. FUNERAL DIRECTOR James B Dashiell — ADDRESS

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10140 **CERTIFICATE OF DEATH** 10140

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton 05X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) L. (Last) Schall

4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 1955

5. SEX: M

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec. 5, 1905

9. AGE last birthday 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Schall

14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Evelyn Schall (wife) Denton Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) Carcinoma of the lung, left — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSE (S): DUE TO c generalized metastases

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Jan 1954

19B. MAJOR FINDINGS OF OPERATION: irremovable ca of left lung

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 21, 1955, to Oct 6, 1955, that I last saw the deceased alive on Oct 6, 1955, and that death occurred at 10:40 P M, from the causes and on the date stated above.

SIGNATURE Clifton B. Cook Jr. M. D. ADDRESS Easton, Md. DATE SIGNED 10/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Oct 9 '55 NAME OF CEMETERY OR CREMATORY Denton, LOCATION (City, town, or county) (State) Denton, Md.

DATE REC'D BY LOCAL REGISTRAR 10-8-55 REGISTRAR'S SIGNATURE N. D. Norris

24. FUNERAL DIRECTOR Elliott Mason Jr. ADDRESS Denton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11264

10141 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 15½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Grasonville, 17x-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lelia (Middle) M. (Last) Scott

4. DATE OF DEATH: (Month) 10- (Day) 26 (Year) 1955

5. SEX: Fe | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: July 17, 1886 | 9. AGE last birthday 69 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W. | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathan Wilson | 14. MOTHER'S MAIDEN NAME: Lizzie --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Charles T. Scott (Husband)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 12 hrs.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..... , to ..... , 19..... , that I last saw the deceased alive on 10-26 , 1955 , and that death occurred at 10 40 A M, from the causes and on the date stated above.

SIGNATURE Thos Wa Hennigan M. D. ADDRESS Centreville, Md. DATE SIGNED Nov 5 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-29-55 | NAME OF CEMETERY OR CREMATORY Grasonville | LOCATION (City, town, or county) Grasonville Md (State)

DATE REC'D BY LOCAL REGISTRAR 10-27-55 | REGISTRAR'S SIGNATURE N. H. Reeves | 24. FUNERAL DIRECTOR James B Markell ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10153

CERTIFICATE OF DEATH

Reg. Dist. No. 10150

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tilghman
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tilghman
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) A. (Last) Sinclair

4. DATE OF DEATH: (Month) (Day) (Year) 10 - 19 - 1955

5. SEX: Male. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married 8. DATE OF BIRTH: Aug 15. 1881 9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman 10B. KIND OF BUSINESS OR INDUSTRY: Oysters 11. BIRTHPLACE (State or foreign country): Sharps Island Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Sinclair 14. MOTHER'S MAIDEN NAME: Louise Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No. 16. SOCIAL SECURITY NO. 218-16-6989A 17. INFORMANT & ADDRESS: Mrs. Ruth M. Sinclair Tilghman Md

18. MEDICAL CERTIFICATION (Muscle Failure)

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) Myocardial Insufficiency	1 hr
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Coronary Heart Disease	5 yrs
	DUE TO (C) Cerebral Thrombosis Arteriosclerosis	2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19[illegible] to Oct 19, 1955, that I last saw the deceased alive on Oct 19, 1955, and that death occurred at 4:30 M, from the causes and on the date stated above.

SIGNATURE Guy M. Robertson Sr. M.D. ADDRESS Tilghman Md DATE SIGNED Oct 20 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Oct. 21. 55 NAME OF CEMETERY OR CREMATORY Tilghman M.E. LOCATION (City, town, or county) (State) Tilghman Talbot Md

DATE REC'D BY LOCAL REGISTRAR Oct. 20-55 REGISTRAR'S SIGNATURE Mrs Robt. L. Seth 24. FUNERAL DIRECTOR ADDRESS Jesse D. Moore Tilghman Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10154

CERTIFICATE OF DEATH

Reg. Dist. No. 27 10151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
LENGTH OF STAY (in this place) approx. 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) T. (Last) Smith

4. DATE OF DEATH: (Month) 10 (Day) 1 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 3, 1875

9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: oyster pkg. house

11. BIRTHPLACE (State or foreign country): Accomac, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Birdy Floyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-14-6855

17. INFORMANT & ADDRESS: Mrs. Lola Bailey, 352 Quincy St., Brooklyn N. Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
331X
Immediate cause (a) Coronal Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteriosclerosis — 4 yrs
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1955, to Oct 1, 1955, that I last saw the deceased alive on Oct 1, 1955, and that death occurred at 1:30 m., from the causes and on the date stated above.
SIGNATURE Mary Ruth Smith (DEGREE OR TITLE) ADDRESS Tilghman DATE SIGNED Oct 1

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10/5/55
NAME OF CEMETERY OR CREMATORY Mt. Zion, Virginia
LOCATION (City, town, or county) (State) Painter, Accomac, Va.

DATE REC'D BY LOCAL REG. Oct 2, 55
REGISTRAR'S SIGNATURE Mrs Robert L. Seth

24. FUNERAL DIRECTOR J. Leeds Moore ADDRESS Tilghman, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10152

10142

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 140 Easton,
LENGTH OF STAY (in this place) 4 hrs 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wernersville, Pa. 75 x 3
STREET ADDRESS (If rural give location) 208 East Penn. Ave.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Stewart

4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec. 19-1881

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Stewart

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT & ADDRESS: MARGARET R. STEWART - WERNERSVILLE, PA.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral hemorrhage due to — INTERVAL BETWEEN ONSET AND DEATH 6 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) left hemiplegia due to
(C) Essential hypertension

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of the prostate

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Oct, 1955, to 20 Oct, 1955, that I last saw the deceased alive on 20 Oct, 1955, and that death occurred at 1:50 P.M, from the causes and on the date stated above.

SIGNATURE Thurston Harrison M. D. ADDRESS Easton Maryland DATE SIGNED 3 Oct 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct. 5, '55

NAME OF CEMETERY OR CREMATORY Wernersville, Penna.

LOCATION (City, town, or county) (State) Wernersville, Penna.

DATE REC'D BY LOCAL REGISTRAR 10-3-55

REGISTRAR'S SIGNATURE M. H. Reeves

24. FUNERAL DIRECTOR W. Frampton Covell ADDRESS Easton, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10153

10155

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X SHERWOOD
LENGTH OF STAY (in this place) 1 YEAR
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sherwood
STREET ADDRESS (If rural give location) X /

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) O. FAITH (Last) STOKER

4. DATE OF DEATH: (Month) Oct (Day) 24 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: SEPT 27 1874
9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WINCHESTER Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MICHAEL RYAN
14. MOTHER'S MAIDEN NAME: MARGARET KEITHLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs William P. Wales St. Michaels Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO arteriosclerotic cerebrovascular — —
(C)
(260X)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-6, 1955 to 10-24 1955 that I last saw the deceased alive on 10-24, 1955, and that death occurred at 12 40 P M, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS M. D. St Michaels md. DATE SIGNED 10-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF Oct 27 1955
NAME OF CEMETERY OR CREMATORY Olivet Cemetery
LOCATION (City, town, or county) (State) St. Michaels MD

DATE REC'D BY LOCAL REGISTRAR Oct 26, 1955
REGISTRAR'S SIGNATURE Mrs Robt L Seth
24. FUNERAL DIRECTOR ADDRESS L. Hampton Harrison, St. Michaels Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11267

10143

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, 40
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp. 99

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville, Md. 17X-2
STREET ADDRESS (If rural give location) Water St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Penny (Middle) (Last) Taylor

4. DATE OF DEATH: (Month) 10 (Day) 18 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: July 6, 1955

9. AGE last birthday yrs. 3 IF UNDER 1 YEAR Months 3 Days 12 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Lee Taylor

14. MOTHER'S MAIDEN NAME: Lettie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unk.) (If Yes, give war or dates of service) 9

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Harry Taylor, Centreville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

493X

IMMEDIATE CAUSE (A) Pneumonia

ANTECEDENT CAUSE (S) DUE TO [redacted]

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8 A. M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton DATE SIGNED 20 Oct 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Oct 19, 1955 NAME OF CEMETERY OR CREMATORY Denton LOCATION (City, town, or county) (State) Denton, Md.

DATE REC'D BY LOCAL REGISTRAR 10-19-55 REGISTRAR'S SIGNATURE M. A. Nevins

24. FUNERAL DIRECTOR J. Virgil Brown & Son ADDRESS Denton, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

2075195436

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10154

10144

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 26 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville 17x-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Bedford (Middle) Hackett (Last) Turner

4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Nov. 14, 1876

9. AGE last birthday 78 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Thomas B. Turner

14. MOTHER'S MAIDEN NAME: Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Mr B Hackett Turner son Centreville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Intracranial hemorrhage

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Advanced generalized arteriosclerosis

DUE TO (C) Cystic encephalomalicia

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 13 1955 to Oct. 14, 1955, that I last saw the deceased alive on Oct. 14, 1955, and that death occurred at 12 25 P M, from the causes and on the date stated above.

SIGNATURE A L Schmuck M. D. ADDRESS Easton DATE SIGNED 17 Oct 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10/16/55

NAME OF CEMETERY OR CREMATORY Poplar Grove

LOCATION (City, town, or county) (State) Centreville, Md.

DATE REC'D BY LOCAL REGISTRAR 10-15-55

REGISTRAR'S SIGNATURE N. H. Nevins

24. FUNERAL DIRECTOR Barton Bros. ADDRESS Centreville, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10145

10155

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton Md. 40
LENGTH OF STAY (in this place) 16 hrs 45 m.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 80

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wittman
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Wilmore (Middle) Charles (Last) Warner.

4. DATE OF DEATH: (Month) 10 (Day) 25 (Year) 1953

5. SEX: Male.

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: Jan 15, 1912

9. AGE last birthday 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Robert Warner.

14. MOTHER'S MAIDEN NAME: Helena Miller.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 1

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Catherine Johnson (sister) Wittman, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X IMMEDIATE CAUSE (A) Sub-acute bacterial endocarditis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Rheumatic Heart Disease DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5:45 AM, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton DATE SIGNED 24 Oct 1953

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 10-27-53 NAME OF CEMETERY OR CREMATORY Wittman LOCATION (City, town, or county) Wittman (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/25/53 REGISTRAR'S SIGNATURE M. H. Merrill NAME OF FUNERAL DIRECTOR Norman D. Marshall ADDRESS Ft. Nuckals

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10156

10156

CERTIFICATE OF DEATH

Reg. Dist. No. 29/

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mc DANIEL
LENGTH OF STAY (in this place) 10 YR
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McDANIEL
STREET ADDRESS (If rural give location) RURAL

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) D. (Last) WEVER

4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: Oct 24 1869
9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ship BROKER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Philip T. WEVER
14. MOTHER'S MAIDEN NAME: Lousia Lohmuller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: HENRY HARRIS, McDANIEL, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Dissecting aortic aneurysm — 3 days
DUE TO
ANTECEDENT CAUSE (S) (B) arteriosclerotic cardiovascular d. —
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO
(C) cardiac failure - chronic —

420.1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9- 1954 to 10-15 1955, that I last saw the deceased alive on 10-15 1955, and that death occurred at 1030 M, from the causes and on the date stated above.
SIGNATURE [signature] M.D. ADDRESS St Michaels Md DATE SIGNED 10-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 18, 1955
NAME OF CEMETERY OR CREMATORY Emmanuel Luther Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct 18 1955
REGISTRAR'S SIGNATURE Mrs Robt R. Seth
24. FUNERAL DIRECTOR J. Hamilton Harrison
ADDRESS St. Michaels. Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10146

CERTIFICATE OF DEATH

Reg. Dist. No. 10157

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) Outpatient
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Easton Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 09-13-2
STREET ADDRESS (If rural give location) Nathan Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Lonnie (Middle) (Last) Willey

4. DATE OF DEATH: (Month) 10 (Day) 26 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 1878
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): X Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Laborer X
11. BIRTHPLACE (State or foreign country): Bishops Head, Md.,
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: Norman H. Willey R.F.D. 2 Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1 (A) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH 2-5 min

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Cardiovascular Disease — 7 yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Epidermoid Carcinoma tongue — 2 yrs

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [4] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1955, to Oct 26, 1955, that I last saw the deceased alive on Oct 26, 1955, and that death occurred at 11 A M, from the causes and on the date stated above.
SIGNATURE W Bauman M. D. ADDRESS Cambridge DATE SIGNED 10-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/28/55
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Pk.
LOCATION (City, town, or county) (State) Cambridge, Md.,

DATE REC'D BY LOCAL REGISTRAR Oct 28, 1955
REGISTRAR'S SIGNATURE H. Dennis
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service. Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10158

10147 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Micheals x
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) (Last) Williams

4. DATE OF DEATH: (Month) 10 - (Day) 1 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 29, 1885
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gov. Clerk
10B. KIND OF BUSINESS OR INDUSTRY: /
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Seymour
14. MOTHER'S MAIDEN NAME: Ida Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Dempsey Williams (Son) Silver Springs Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331X IMMEDIATE CAUSE	(A) cerebral Hemorrhage	51 hrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) arteriosclerotic cerebrovascular	–
	DUE TO (C) "	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Hypertension Essential vascular	–

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/29, 1955, to 10/1, 1955, that I last saw the deceased alive on 10/1, 1955, and that death occurred at 11:30 P M, from the causes and on the date stated above.

SIGNATURE [signature] Jr. M.D. ADDRESS St Michaels Md DATE SIGNED 10-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Aug 4, 1955
NAME OF CEMETERY OR CREMATORY: Olivet Cemetery.
LOCATION (City, town, or county) (State): St. Michaels. Md

DATE REC'D BY LOCAL REGISTRAR: 10-3-55
REGISTRAR'S SIGNATURE: N. H. Reeves
24. FUNERAL DIRECTOR: S. Hamilton Harrison, ADDRESS: St. Michaels Md